

Class D or M Road Test Application

GENERAL INFORMATION

MA Assigned License/ID/Permit Number										License Class										Social Security Number																																							
										<input type="checkbox"/> D <input type="checkbox"/> M																																																	
Last Name										First Name										Middle Name										Date of Birth										Sex										Height									
																														Month Day Year										<input type="checkbox"/> M <input type="checkbox"/> F										Feet Inches									
Mailing Address (Where you want us to send your Driver's License and future notices from the RMV)																									City/State										Zip Code																								
Residential Address (Where you actually reside) <input type="checkbox"/> Same as above																									City/State										Zip Code																								

PARENTAL CONSENT FOR MINOR; Information & Certification of Person Providing Consent

This section must be completed by a parent of the applicant, the legal guardian, the Massachusetts Child Guardian Division, or the Headmaster of the Boarding School the applicant is attending.

To the Registrar: I hereby certify I am: (check one) ☐ parent ☐ legal guardian ☐ Massachusetts Child Guardian Division ☐ boarding school headmaster

of the above-named applicant who is less than 18 years of age, but not less than 16 1/2 years of age, and that my consent is given as required by M.G.L. Chap. 90, Section 8 for the issuance of a Driver's License. I further certify by my separate signature that the applicant has completed the required number of hours of behind-the-wheel driving by a validly licensed person aged 21 or over, with at least one year of driving experience, in addition to the requirements of the driver education and training program. (Sign the appropriate time period and sign again at the bottom where noted).

- The applicant has completed the additional 40 hours of required supervised driving.
- Completion of Skills Program: The applicant has completed the additional 30 hours of required supervised driving and successfully completed an RMV approved driver skills development program.

Parent/Guardian Signature

Parent/Guardian Signature

False certification is punishable by fine, imprisonment, or both (M.G.L. Chap. 90, Section 24).

Parent/Guardian Address

Parent/Guardian Signature

Printed Name

If the person giving consent IS NOT a parent, proper documentation of authority must be shown.

SIGNATURE OF APPLICANT (application not complete without signature)

Note: This application will be processed through the National Driver Register (NDR) and the Commercial Driver License Information System (CDLIS) to verify the status of operating privileges in other jurisdictions and the social security number will be verified with the Social Security Administration.

I have reviewed this completed **Application Form** and swear (affirm), under the penalties of perjury, that the information I have provided is true and complete. **False statements are punishable by fine, imprisonment, or both (M.G.L. c 90 §24).**

Signature: _____ Date: _____

The Registrar reserves the right to cancel, revoke, or recall, any permit, license, or ID card if it is determined that the applicant was not qualified for such permit, license, or ID card.

SPONSOR INFORMATION

For a Class D road test (including JOL) you must have a sponsor who fits the following criteria:

- Is at least 21 years old
- Has had at least one year of driving experience
- Has a valid driver's license issued by his or her home state (including District of Columbia). Holders of foreign driver's licenses are not eligible to be sponsors.

Vehicle Used										Registration Number										State										Sponsor License Number										State									
Sponsor Signature										Date										Examiner Name										Examiner ID										Location									
TEST RESULTS - To be completed by examiner																																																	
Date Examined										Please Check One										Examiner Signature																													
										<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> REJECT																																							
REASON FOR FAILURE OR REJECTION																																																	
Batch Number																																																	



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